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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	PC25096A																								
(Only for new nonapplications under 37C.F.R. §1.53(b))		First Inventor	Alfred Berchlelli																								
		Title	Controlled-Release Pharmaceutical Formulations																								
		Express Mail Label No.																									
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop _____ Commissioner for Patents Box 1450 Alexandria, VA 22313-1450																									
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text" value="56"/>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets <input type="text" value="1"/>]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total pages <input type="text" value="1"/>]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>		<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>																									
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____</p> <p>Prior application information: Examiner _____ Group/Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts</p>		<p>18. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below</p> <p>28523</p> <table border="1"><tr><td>Name</td><td colspan="3"></td></tr><tr><td>Address</td><td colspan="3"></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td><td></td></tr><tr><td>Country</td><td>Telephone</td><td>Fax</td><td></td></tr></table> <table border="1"><tr><td>NAME (Print/type)</td><td>Carl J. Goddard</td><td>Registration No. (Attorney/Agent)</td><td>39,203</td></tr><tr><td>Signature</td><td><i>Carl J. Goddard</i></td><td>Date</td><td>6/25/03</td></tr></table>		Name				Address				City	State	Zip Code		Country	Telephone	Fax		NAME (Print/type)	Carl J. Goddard	Registration No. (Attorney/Agent)	39,203	Signature	<i>Carl J. Goddard</i>	Date	6/25/03
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EXPRESS MAIL NO. 2U10411 467205

FEE TRANSMITTAL for FY 2003		Complete if Known	
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27 Total Amount of Payment (\$) 876.00		Application Number	To Be Assigned
		Filing Date	Herewith
		First Named Inventor	Alfred Berchielli
		Examiner Name	To Be Assigned
		Art Unit	To Be Assigned
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 16-1445 Deposit Account Name: Pfizer Inc. The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge-late filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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SUBMITTED BY		Complete (if Applicable)	
Name (Printed/Type)	Carl J. Goddard	Reg. Number	39,203
Signature	<i>Carl J. Goddard</i>	Telephone	
	Date: 8/29/03		

EXPRESS MAIL NO. 92V1041146205